The Serendipity Centre Ltd

every child deserves a chance

MEDICAL QUESTIONNAIRE

Please complete all pages in black ink or type (this document is also available in electronic form).

Post for which you are applying:

The Serendipity Centre is committed to the health and safety of its staff. As part of these commitments, this Medical Questionnaire must be completed by all staff prior to taking up employment with the Centre.

The Serendipity Centre is bound by Health and Safety legislation that requires us to make an assessments of risk to which employees may be exposed at work, considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition, the Disability Discrimination Act 1995 imposes an obligation on the employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up the proposed employment.

The personal medical information obtained in this form is confidential and is managed according to the Data Protection Act 1998. The information is securely stored with access restricted to the HR and SMT and medical professionals (in the event of an emergency). Information will not be made available to any other third party without the written consent of the appointee; unless The Serendipity Centre is required to do so by a court, tribunal or under law.

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PERSONAL DETAILS	
Family name:	
Forename(s):	Also known as:
Title:	Date of Birth:
Sex: M ☐ F ☐	NHS number:

NEXT OF KIN (you **must** give two peoples details -to be contacted in an emergency**)**	
Name:	
Address:	
Relationship:	Telephone (w):
Telephone (h):	Telephone (m):
NEXT OF KIN	
Name:	
Address:	
Relationship:	Telephone (w):
Telephone (h):	Telephone (m):

DETAILS OF GP	
Name(s) :	
Surgery Address :	
Post Code :	Telephone:

DETAILS OF DENTIST	
Name(s) :	NHS ☐ Private ☐
Address :	
Post Code :	Telephone:

PRIVATE HEALTHCARE	
Do you have private medical insurance?	Yes ☐ No ☐
Name of provider:	
Contact details:	

ABSENCE FROM WORK

Total number of days absent over past 2 years:

Please give details of any periods of absence from work in the last 2 years that required a doctor's certificate.

Start date of absence:	Date of return to work:
Employer's name:	
Employer's address:	
Description of injury or illness:	
Treatment required:	

Start date of absence:	Date of return to work:
Employer's name:	
Employer's address:	
Description of injury or illness:	
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Start date of absence:	Date of return to work:
Employer's name:	
Employer's address:	
Description of injury or illness:	
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MEDICAL HISTORY

Have you	Yes	No
Ever undergone a surgical operation or been admitted to hospital for any reason?	☐	☐
Ever been, or are a Registered Disabled Person?	☐	☐
Received a Disability Pension at any time?	☐	☐
Suffered from an industrial disease or accident?	☐	☐
Had a chest X-ray in the past 12 months (If so, please state place, date, and result below)	☐	☐

If the answer is 'yes' to any of the above questions, please give details:

If you require extra space please attach an extra sheet.

Have you ever had a medical condition involving any of the following?	Yes	No
Visual defects or eye conditions	☐	☐
Hearing defects or ear conditions	☐	☐
Severe anxiety, depression or other psychiatric disorder	☐	☐
Paralysis or other neurological disorder	☐	☐
Fainting attacks, blackouts, epilepsy or fits	☐	☐
Recurrent headaches or migraines	☐	☐
Recurrent backache, arthritis or rheumatism	☐	☐
Heart disease or high blood pressure	☐	☐
Asthma, bronchitis, tuberculosis or other similar respiratory or chest condition	☐	☐
Peptic ulcer or other digestive or bowel disorder	☐	☐
Liver disorder	☐	☐
Diabetes, kidney or bladder problems	☐	☐
Blood disorder or condition	☐	☐
Gynaecological problems	☐	☐
Eczema, dermatitis or other skin condition	☐	☐
Thyroid or other gland problem	☐	☐
Any recurrent infection	☐	☐
Any impairment to immunity from infection	☐	☐
Varicose veins causing difficulties	☐	☐
Hernia	☐	☐
Repetitive Strain Injury (RSI) or tendonitis affecting the upper limbs, neck or shoulders	☐	☐
Any alcohol or drug-related problem or illness	☐	☐
Any other medical condition, physical or mental, not listed above	☐	☐

If the answer is 'yes' to any of the above questions, please give details:

If you require extra space please attach an extra sheet.

CURRENT HEALTH

What is your height (without shoes)? ft ins or m

What is your weight? st lb or kg

Do you smoke? Yes ☐ No ☐

Please note: The Serendipity Centre is no-smoking site, should this be of concern please discuss this issue with HR.

Details:

Do you drink alcohol? Yes ☐ No ☐

If so how many units per week (1 unit is ½ pint of beer or 1 medium glass of wine):

Are you currently attending a doctor? Yes ☐ No ☐

Details:

Do you require regular medication? Yes ☐ No ☐

Details:

Does your eyesight require correction? Glasses ☐ Contact Lenses ☐ No ☐

Do you have any eyesight defects (including colour blindness)? Yes ☐ No ☐

Details:

Do you have any hearing problems (please give details if you require any aids or appliances)? Yes ☐ No ☐

Details:

Do you have any defect of speech or communication problem? Yes ☐ No ☐

Details:

Do you require regular treatment or therapy for an existing medical condition? Yes ☐ No ☐

Details:

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Do you expect to be absent from work on medical grounds within the next 2 years? Yes ☐ No ☐

Details:

Do you have any physical disability necessitating special aids, or requirements for access to premises?

Yes ☐ No ☐ Details:

Do you have any special dietary needs or restrictions? Yes ☐ No ☐

Details:

Do you have any known allergies (including hay fever)? Yes ☐ No ☐

Details:

All employees are expected to ensure that their tetanus and BCG immunisations remain current

Date of BCG: Date of last tetanus:

Staff involved in direct child contact are recommended to ensure that they are immunised against Hepatitis B

Date of Hepatitis B vaccination if currently covered:

Are there any other health issues that may affect your capacity to do your job? Yes ☐ No ☐

Details:

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DECLARATION

To ensure the safeguarding of staff and young people on our company sites, should it be deemed necessary you may be required to attend an Occupational Health assessment.

- I understand that I am responsible to ensure that any changes to my medical condition that could affect my work will be communicated to HR/Line Manager immediately along with any changes to next of kin details.
- I declare that the above information is accurate to the best of my knowledge and I understand that the withholding or declaration of false information may affect my application or continued employment with The Serendipity Centre Ltd.

Signed: .... Date : ....
Applicant

Applicants returning an electronic copy of this form will be required to sign it before taking up their position.